

## PART B - FEE(S) TRANSMITTAL

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7590

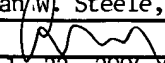
06/23/2004

Alan W. Steele  
 c/o Wolf, Greenfield & Sacks, P.C.  
 Federal Reserve Plaza  
 600 Atlantic Avenue  
 Boston, MA 02210-2211

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Alan W. Steele, M.D., Ph.D.	(Depositor's name)
	(Signature)
July 22, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/809,745

03/15/2001

Howard L. Weiner

B0801/7202 (AWS)

5345

TITLE OF INVENTION: SUPPRESSION OF VASCULAR DISORDERS BY MUCOSAL ADMINISTRATION OF HEAT SHOCK PROTEIN PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

09/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LIU, SAMUEL W

1653

514-100000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wolf, Greenfield &amp; Sacks, P.C.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Brigham &amp; Women's Hospital, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) July 22, 2004

Alan W. Steele, M.D., Ph.D., Reg. No. 45,128

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01 FC:1501

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02 FC:8001

30.00 OP

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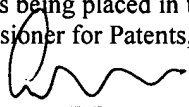
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Weiner et al.  
Serial No.: 09/809,745  
Confirmation No.: 5345  
Filed: March 15, 2001  
For: SUPPRESSION OF VASCULAR DISORDERS BY MUCOSAL  
ADMINISTRATION OF HEAT SHOCK PROTEIN PEPTIDES

Examiner: Samuel W. Liu  
Art Unit: 1653

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 22nd day of July, 2004.

  
Alan W. Steele, Reg. No. 45,128

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P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Transmitted herewith for filing are the following documents:

- ☒ Part B – Fee(s) Transmittal
- ☒ Check in the amount of \$1360.00 (for Issue Fee and 10 Advanced Copies)
- ☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of \$1360.00 is enclosed to cover the fee. Please charge any fee deficiencies that may be necessitated by this filing to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,  
*Weiner et al., Applicant*

By: 

Alan W. Steele, M.D., Ph.D., Reg. No. 45,128  
WOLF, GREENFIELD & SACKS, P.C.  
600 Atlantic Avenue  
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Representative for Applicant

Attorney's Docket No.: B0801.70202US00  
Date: July 22, 2004  
x09/23/2004x